

**PROCEDURAL GUIDE**  
**800-005**  
**SPECIALIZED CARE INCREMENT (SCI)**

**WHAT CASES ARE AFFECTED**

**Cases where children receive AFDC-FC benefits and who require specialized care due to health and/or behavioral needs.**

Date Issued: **09/09/14**

Effective Date: **09/09/14**

☐ New Policy Release

☒ Revised

**Revision(s) Made:** Language changed to clarify what is covered and when training is not required and to correct allowable SCI payment types.

Cancels: 800-005 issued 01/09/14.

**POLICY INTENT**

To inform all Social Service Workers (SSW), who provide services to children who meet the criteria for SCI funding, of the requirements and procedure for requesting an SCI and to inform all SSWs of the SCI rates.

**OPERATIONAL IMPACT**

This policy impacts all SSW who provide case management services to children placed in out-of-home care, Social Service Supervisors (SSS), and Program Directors (PD) who approve or deny SCI.

**PROCEDURES**

A SCI is an amount paid to a foster family home (FFH), relative home and/or a non-relative extended family member (NREFM) home, in addition to the basic AFDC-Foster Care benefits, on behalf of a child placed in the home who requires specialized care because of health and/or behavioral issues. The SCI is available to caregivers of children who are eligible to receive AFDC-FC, Adoption Assistance Program payments or Kin-GAP, as an additional compensation for continued work keeping children in their current placement and/or placing them in the least restrictive setting. The increment is available after the completion of a mandatory training class, which is designed to inform and educate foster parents and caregivers on behavioral issues and how placement moves affect children and youth and their placement stability.

**NOTE:** The SCI is not appropriate for reimbursement of property damages. To request compensation of losses due to property damage, caregivers must file a claim against their homeowner's insurance (Title IV-E, Section 2, Page 6; Welfare and Institutions Code Section 11460(b)(1)(2), and/or the county, by completing a "Claim Against the County of Kern," Document No. 89650, and filing it with the Clerk of the Board's Office.

**Eligibility:**

**I. Eligibility for SCI funds:**

- There must be documentation of specific behaviors or needs of the child determined that place an unavoidable financial demand on the caretaker and/or require an increased amount of supervision and care on the part of the caretaker to maintain the current placement of the child.
- Be placed with relatives/NREFM or legal guardians or in foster family homes and be receiving AFDC-FC funds.

**NOTE:** Training is not required, but will be encouraged in the following SCI payment types:

- ✓ County Authorized Allowances
- ✓ Developmentally Disabled Children
- ✓ Transportation
- ✓ Health Difficulties (i.e. medically fragile)
- ✓ Infant Supplement
- ✓ Legal Guardians
- ✓ SCI approved prior to August 1, 2013
- ✓ MTFC placements
- ✓ Adoption Assistance Program benefits

**II. Disbursement of SCI may include, but are not limited to:**

- Transportation needs: frequent medical and/or counseling appointments.
- Behavioral needs: Severe behavioral problems requiring extraordinary attention.
- Supervision needs: Constant supervision is required for the child and an increased level of care due to child specific age and developmental needs.

**NOTE:** Transportation costs are not paid separately; Transportation as a separate item of expense is not allowable except for reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement.

In order to determine the most appropriate level of SCI for a child, the SSW must identify and document both the child's special needs and how much time and effort the caretaker provides relative to those needs. **At no point is an SCI payment automatic; qualifying conditions are reassessed at renewal (unless the SCI**

has been in effect 3 months or less at the time of the first renewal since its approval), at each change of placement, and when requesting Adoption Assistance Payments. All SCI requests should be made within 30 days of request by a caregiver, using form [SCI-1](#) and forwarded to Foster Care within 3 business days of receipt of all required documentation.

**A. SSW Responsibilities (for new SCI requests):**

- Obtain written documentation of the child's needs from the caretaker.
  - Written documentation is not required from the caretaker for children placed in care less than 30 days if the child has a known history of behavioral problems. It is the SSW's responsibility to obtain proper documentation to process the SCI request on behalf of the caretaker, such as mental health counseling progress reports, school behavior records, TDM notes, and/or TDM action plan of concerns listed and how they will be addressed, and assess the child's needs and refer caretaker to appropriate training.
- Complete form [SCI-1](#). Use chart (see [Appendix](#)) to determine the most appropriate SCI level.
- Submit completed and signed [SCI-1](#) along with documentation to SSS and PD for signature of approval.
- If approved by BOTH SSS and PD, refer caretaker for training class(es), providing details regarding minimum requirements, location and time(s) for training utilizing [SCI Letter Agreement/Training Requirements form KCHDS 458-Gen](#).
- Once certification of completion for caretaker training has been received, forward the SCI request to the child's foster care Human Services Technician (HST) for implementation. Keep a copy in child's file.
- If training is not immediately available, SSW shall advise caretaker to complete the next available training or approved alternative training within 3 months of approval of SCI. SSW shall inform caretaker that retroactive payment of SCI will not exceed 3 months.
- If SCI is denied, mail or fax a completed [SCI-1](#) to caregiver within 15 days of receiving notice of denied request. Keep a copy in case file.
- Document SCI approval/denial, SCI level and pertaining SCI information in CWS/CMS.
- Create reminder in CWS/CMS 60 days prior to next foster care redetermination.

**B. SSW Responsibilities (for those with ongoing SCI payments):**

- Once per year at the time of foster care redetermination (before the redetermination is due to foster care), obtain written documentation of child's ongoing need for the SCI from caretaker.

- Attach documentation of child's ongoing need or document utilizing [Above Basic Foster Care Rate Justification form KCDHS 444-FC](#).
- Ensure caretaker has completed SCI training utilizing [SCI Letter Agreement/Training Requirements form KCHDS 458-Gen](#) unless the SCI was approved prior to August 1, 2013.
- The SSW must complete the initial foster care redetermination application pursuant to Policy [400-009](#).
- The SSW must then date stamp the completed foster care redetermination application and submit it to Supervisor and PD for continued approval of SCI.
- Should the child's placement change, or the SCI be changed or ended, the SSW will submit a completed and date-stamped SOC 158A to the FC HST within 24 hours of the change to inform the HST of that change. This is pursuant to Policy [800-004](#).

### **C. SSS Responsibilities:**

#### Initial SCI Request

- Review completed [SCI-1](#) and all written documentation with SSW and provide any recommendations/feedback and either approve or deny request.
- If request is approved, sign the completed [SCI-1](#) form. Submit to PD for review and approval or denial.
- Once the [SCI-1](#) is received from PD with signature and approval or denial, and return [SCI-1](#) to SSW.

#### Ongoing SCI Review

- Review Foster Care Redetermination Packet and all written documentation.
- For approval signature required on [Above Basic Foster Care Rate Justification form KCDHS 444-FC](#).
- Submit to PD for approval.

### **D. PD Responsibilities:**

#### Initial SCI Request

- Review completed [SCI-1](#) signed by both SSW and SSS. If SCI approved, sign [SC-1](#) form and return to SSS.
- If denied by SSS and/or PD, complete form [SCI-1](#) explaining reason for denial.

#### Ongoing SCI Review

- Review Foster Care Redetermination Packet and approve or deny SCI as appropriate.
- For approval signature required on [Above Basic Foster Care Rate Justification form KCDHS 444-FC](#).

## **APPROVAL LEVELS**

Section	Level	Approval
A.	SSW	SSS approval needed
B.	SSS	PD approval needed
C.	PD	None

### **OVERVIEW OF STATUTES/REGULATIONS**

[California Department of Social Services All County Letter \(ACL\) 08-01](#)

Health and Safety Code Section 1507.5(a)

Senate Bill (SB) 84, Chapter 177 as filed on August 24, 2007

Welfare and Institutions Code Sections 11461(c) and 11461(e)(1)

### **RELATED POLICIES**

[300-014 – Documentation of Contacts, Visitations, and Services in CWS/CMS](#)

[400-009 – Foster Care Redeterminations](#)

[800-002 – Foster Care Rates](#)

[800-004 – Application for Foster Care Payment](#)

### **FORM(S) REQUIRED/LOCATION**

[Above Basic Foster Care Rate Justification form KCDHS 444-FC](#)

[SCI Letter Agreement/Training Requirements KCDHS 458-GEN](#)

[Specialized Care Increment \(SCI-1\) Form – X-Drive](#)

**CWS/CMS:** Contact Notebook

**SDM:** None

## APPENDIX

### Specialized Foster Care Payment Levels – Effective August 1, 2013

#### **Level I-up to \$315**

Level I provides payment for anticipated recurring documented expenses relative to a child's specific needs, including but not limited to: special dietary needs, daily living supplies, transportation resulting from medical/behavioral needs, or extensive travel to comply with court-ordered visitation. Example: Frequent trips to remote areas of the county or to out-of-county providers, prescribed formula and anticipated prescriptions not covered by Medi-Cal, special adaptive clothing/shoes, etc. Care of children under age five is also included in this level. These children require constant supervision and an increased level of care due to their developmental needs beyond the normal care needs of age-appropriate children. Compensation is \$315 for 0 to 2-year-olds; \$210 for 3-year-olds; and \$105 for 4-year-olds. If child's birth date occurs within 60 days of SCI request date, use upcoming age.

#### **Levels II-V**

Levels II-V payments may be used to monitor a child's stability and/or healthcare routine to determine/re-determine the appropriateness of continuing the SCI payment. Some children will remain at a level of care indefinitely to maintain a stable placement and or circumvent reentry into the system at a higher level of care. Other children will require only temporary enhanced care as defined in Levels II-V. All children assessed at Level II-V must have documentation of a comprehensive exam for medical, behavioral, and/or emotional needs and deficits by a physician and/or psychologist, AND receive at least once monthly treatment and monitoring for qualifying diagnosis. Additionally, effective August 1, 2013, caregivers must meet minimum training requirements for levels II-IV, as indicated below.

Per H&S Code Section 1507.5(a) and W&I Code Section 14132(t) (u), the medical services provided are not considered as a substantial component to the services provided by the caregiver. A home appraisal shall confirm that the placement poses no threat to any child in the home. A recommendation for reducing a child's SCI Level must be approved by the program director. Continued eligibility at all levels will be determined at the annual review. At no point is an SCI payment automatic; qualifying conditions must be reassessed at renewal, at each change of placement, and when requesting AAP.

#### **Level II- \$420 per month (Specify Medical or Behavioral)\***

Children at this level have medical, behavioral, and/or developmental needs which have stabilized and/or are not severe enough to warrant a higher level of care. These children require constant supervision and an increased level of care due to their developmental, emotional, behavioral and/or medical needs, but only **mildly to moderately** above the level of care required for the average child and/or has developed the necessary skills to effectively provide the necessary care and supervision with minimal disruption to their daily activities.

- Medical: Children at this level with medical needs require a substantial amount of individual attention from the caretaker. Such care may include frequent medication and/or feeding routine, monitoring self-injections and testing (diabetes), frequent medical appointments, and constant supervision of the child's medical status. A child at this level may be semi-ambulatory and/or have severe vision or hearing impairment(s).
- Behavioral: Children at this level with behavioral and/or emotional needs require a substantial amount of individual attention from the caretaker. Such care may include administering

medication, monitoring and redirecting behaviors, frequent school visits/consultations by caregiver, and constant supervision of the child's activities. A child at this level may be coming from a treatment-focused Foster Family Agency (FFA) home, have a history of vandalism, and/or experience uncommon social isolation or dysfunction.

\* Training requirement: "Caring for Children with Severe Emotional/Behavioral Needs - Level 2";

### **Level III- \$525 per month (Specify Behavioral or Medical)\***

Children at this level have **moderate to severe** medical or behavioral and/or developmental needs requiring extensive, constant, close supervision. This level is designed to continue providing a significantly increased degree of care to children with **moderate to severe** health, behavioral, and/or developmental problems. Some children will remain at this level of care indefinitely to maintain a stable placement and/or circumvent re-entry into the system at a higher level of care.

- **Medical:** These children have **moderate to severe** medical needs which require ongoing monitoring by the caretaker to assist the minor in remaining in the home. Such conditions may include a need for increased assistance with age-appropriate daily living skills and/or injections and testing (diabetes), as those listed in Level IV but for which care has stabilized and is more routine.
- **Behavioral:** Children at this level demonstrate **moderate to severe** abnormal behavior requiring extensive, constant, close supervision to prevent the child from being a danger to self, others or property. Behaviors may include: inability to bond with adults or peers, suicidal tendencies, self-inflicted injury, sexual aggression, and/or intentional destruction of property, including fire-setting and repeated vandalism. A child at this level may be coming from a Level 10 or higher group home, may have multiple placement failures and/or runaway incidents, or have multiple day suspensions from school due to diagnosis and/or substance abuse.

\* Training requirements: "Caring for Children with Severe Emotional/Behavioral Needs - Level 2 and Level 3";

### **Level IV- \$630 per month (Specify Behavioral or Medical)\***

This level provides funding or intensive services, care and supervision of the child in a family home setting. This rate provides the caretaker with an incentive to work with the severely disabled or disruptive child, making it possible for the child to be cared for outside of institutionalization. Some children will remain at this level of care indefinitely to stabilize the placement and/or circumvent reentry into the child welfare system at a higher level of care.

- **Medical:** These children have extreme medical needs which require ongoing monitoring by the caretaker to assist the minor remaining in the home. The caretaker must have verification of Special Health Care Needs Training on file with licensing. **No more than two special needs children eligible for services may be placed in the home at one time.**
- **Behavioral:** Children at this level may include those who are transitioning from a Level 12 or higher group home or Juvenile Hall to a foster family home in efforts to effectively mainstream the child back into society. These children generally require intensive supervision to prevent the child from being a danger to self, others or property; are emotionally deficit (asocial, severe depression, or suicidal) or have a mental disorder (behavior, mood, character, or personality) or have a dual diagnosis of mental illness and substance abuse.

\* Training requirements: "Caring for Children with Severe Emotional/Behavioral Needs - Level 2, Level 3 and Level 4";

**Level V: \$735 per month** (Medical Necessity)

This level provides funding for the medically fragile child with a terminal and/or extremely debilitating medical condition that generally requires a caregiver to provide exceptional services and skills. These children have the greatest medical needs which require ongoing monitoring by the caretaker to assist the minor in remaining in the home. The caretaker must have verification of Special Health Care Needs Training on file with licensing AND the child must be either a regional center client and/or require placement in a Special Health Care Needs Home (SHCNH). No more than two special medical needs children eligible for services may be placed in the home at one time. Such conditions include but are not limited to: acute AIDS, severe drug exposure and withdrawals, terminal disease, congenital defects, respiratory and nutritional problems from premature birth, severe seizure disorder, severe sleep disturbance, colostomy or ileostomy, organ transplant candidates, etc. Care and treatment at this level may include: heart and apnea monitors, renal dialysis, urinary catheterization, tracheotomy, ventilator, oxygen support, and/or total parenteral feeding.



## Interoffice Memorandum

Dena Murphy  
Interim Director

Vacant  
Chief Deputy Director

Antanette Reed  
Assistant Director  
Child Protective Services

Pam Holliwell  
Assistant Director  
Employment  
& Financial Services

Susan Casterline  
Assistant Director  
Fiscal Support Bureau

Cindy Uetz  
Assistant Director  
Administrative & Program  
Support Bureau

Debbie Davis  
Human Resources Manager

Dan Harmuth  
Technology Services Manager

David Harding  
Facilities and Services Manager

Barbara Zimmermann  
Administrative Coordinator

Misty Gray  
Office Services Coordinator

TO: Jeaniene Reneau, Program Director

FROM: C/L Phone

DATE:

SUBJECT: **Request for Specialized Care Increment**

CC: ☐ SSS ☐ PD ☐ PS ☐ Other

Requested Effective Date: \_\_\_\_\_ ☐ Monthly Ongoing ☐ One Time Only

SCI Level requested: ☐ Level I ☐ Level II ☐ Level III ☐ Level IV ☐ Level V

Amount requested: \$

Reason: ☐ Behavioral ☐ Medical ☐ Both ☐ Documentation attached

Name of child: DOB: Age:

Name of substitute care provider: Date of placement:

Type of placement: Foster family home

☐ No change, continue with SCI as originally documented.

Justification:

A specialized care increment is requested on behalf of the above-named child due to the following documented needs, as determined from attached checklist, and/or the following comments: \_\_\_\_\_

Foster Family Home Rates In effect July 1, 2012	
Age	Rate
0 – 4	\$640
5 – 8	\$693
9 – 11	\$729
12 – 14	\$763
15 – 19	\$799

Special Care Increment Effective July 1, 2011	
Level I	Up to \$315
Level II	\$420
Level III	\$525
Level IV	\$630
Level V	\$735

## Payment Authorization

As **Social Service Supervisor**, I have reviewed this request and recommend to:

- ☐ APPROVE payment(s)
- ☐ As recommended
  - ☐ With the following modifications:
- 

- ☐ DENY payment(s) for the following reasons(s):
- 

Within 15 days of receiving this denial, the requesting social worker must complete "A Reason for Denial or Reduction in Level of Specialized Care Increment" and mail or fax a copy to caregiver.

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***Social Service Supervisor***

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Date

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As **Program Director**, I have reviewed this request and recommend to:

- ☐ APPROVE payment(s)
- ☐ as recommended
  - ☐ With the following modifications:
- 

- ☐ DENY payment(s) for the following reasons(s):
- 

Within 15 days of receiving this denial, if SSS approved the request, the requesting social worker must complete "A Reason for Denial or Reduction in Level of Specialized Care Increment" and mail or fax a copy to caregiver.

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***Program Director***

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Date

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**MEDICAL and/or BEHAVIORAL NEEDS** (Check all that apply in each level as compared to the average foster child of same chronological age) \*\* documented by physician and/or psychologist

Level I - to \$315	Level II - \$420	Level III - \$525	Level IV - \$630
Reimbursement for documented actual ongoing expenses; may be a combination of Level One factors.	<input type="checkbox"/> Constant supervision to monitor / modify behavior**	<input type="checkbox"/> Extensive supervision to monitor / modify behavior**	<input type="checkbox"/> Intensive supervision to monitor / modify behavior **
	<input type="checkbox"/> Increased medical care - mild to moderate**	<input type="checkbox"/> Frequent medical &/or counseling appointments**	<input type="checkbox"/> Verification of Special Health Care Needs Training** Date: _____
<input type="checkbox"/> Transportation _____ mis x current cpm rate (per CAO) = \$ _____	<input type="checkbox"/> Frequent medication <input type="checkbox"/> Frequent feeding routine	<input type="checkbox"/> Increased medical care - moderate to severe**	<input type="checkbox"/> Intensive care for Special Medical Needs not requiring SHCH licensure
<input type="checkbox"/> Supplies – specify: _____	<input type="checkbox"/> Increased assistance with daily living skills for age	<input type="checkbox"/> Multiple placement failures and/or runaway	<input type="checkbox"/> SED (severely emotionally disturbed)
<input type="checkbox"/> Special diet: - specify: _____	<input type="checkbox"/> Developmental delays-mild to moderate	<input type="checkbox"/> Developmental delays-moderate to severe	<input type="checkbox"/> Developmental delays-severe
<input type="checkbox"/> Incontinence supplies (5+ yrs. old)	<input type="checkbox"/> Coming from FFA (had treatment needs)	<input type="checkbox"/> Coming from group home (Level 10+)	<input type="checkbox"/> Returned from Juvenile Hall (former 602)
<input type="checkbox"/> Adaptive medical supplies &/or equipment	<input type="checkbox"/> Frequent visits to school by caregiver	<input type="checkbox"/> Multiple day suspensions from school due to behavior	<input type="checkbox"/> School attendance prohibited due to behavior
<input type="checkbox"/> _____	<input type="checkbox"/> Social isolation/dysfunction	<input type="checkbox"/> Inability to bond with others (adults or peers)	<input type="checkbox"/> Emotional Deficit -asocial, severely depressed, suicidal
<input type="checkbox"/> _____	<input type="checkbox"/> Diabetic – self-injections & self-testing	<input type="checkbox"/> Extensive assistance with daily living skills for age	<input type="checkbox"/> Assisted daily living; little or no independence for age
*Age within 60 days of request / re-determination	<input type="checkbox"/> Vision Impaired - Severe	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Dual Diagnosis (mental illness & substance abuse)
<input type="checkbox"/> 0-2 years old* - \$300	<input type="checkbox"/> Hearing Impaired - Severe	<input type="checkbox"/> Diabetic – Assist with or give injections / glucose test	<input type="checkbox"/> Mental Disorder behavior; mood, character, personality
<input type="checkbox"/> 3 years old* - \$200	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Sexual Acting Out – self directed or toward/with others	<input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others
<input type="checkbox"/> 4 years old* - \$100	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

providing monitoring with at least once monthly treatment/assessment.

**KERN COUNTY DEPARTMENT OF HUMAN SERVICES**  
**SCI Letter of Agreement/Training Requirements**  
*(ATTACH appropriate Level Assessment Checklist)*

\_\_\_\_\_  
**SCI Start Date**

\_\_\_\_\_  
**SCI End Date**

**Care Provider Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Care Needs of Child:** ☐ Medical ☐ Behavioral

A Specialized Care Increment (SCI) is an amount added to the basic foster care rate resulting in a Specialized Care Rate (SCR). Care Providers are paid the SCI for the extra care needed for children with medical/behavioral/emotional problems or a combination. The assigned Social Worker has assessed the child listed above at the following Level (see Policy 800-005 Appendix):

**Level #** \_\_\_\_\_ **SCI = \$** \_\_\_\_\_ **Required Training Sessions** \_\_\_\_\_

The Care Provider and the Social Worker, by signing below, agree upon the Level #, SCI amount and required number of training sessions listed above. This agreement will be reviewed every twelve months or at the time of the foster care redetermination and every twelve months thereafter and, no later than every six months for Special Health Care Needs (SHCN) children.

The Care Provider also agrees to participate in necessary appointments and training sessions related to the needs of the child as specified below.

Appointments/Provider	Frequency

*(Use page 2 of this form for documenting completion of required SCR training.)*

Training Requirements/Description	Due Date

If training is not immediately available Care Provider shall complete the next available training or approved alternative within three months of the SCI's approval. **SCI retroactive payment will not exceed 3 months.**

\_\_\_\_\_  
**Care Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Worker Signature**

\_\_\_\_\_  
**Date**

**Office Use Only**

**As per Policy 800-005 training requirement exempt due to SCI Payment Type:**

**(click here to select:**

**KERN COUNTY DEPARTMENT OF HUMAN SERVICES  
DOCUMENTATION OF COMPLETED SCI TRAINING**

The required SCI training sessions specified on page 1 and described below have been completed by:

**Care Provider Name (PRINT):** \_\_\_\_\_

These SCI training sessions meet the needs of:

**Child's Name (PRINT):** \_\_\_\_\_

**List all training on this form plus attach Certificates for training to meet the Level requirements.**

<div>Date: _____ Training Provided By: _____</div> <div>Agency: _____ Telephone: _____</div> <div>Type/Description of Training Completed: _____</div> <div>Signature of Trainer: _____ Title: _____</div>
<div>Date: _____ Training Provided By: _____</div> <div>Agency: _____ Telephone: _____</div> <div>Type/Description of Training Completed: _____</div> <div>Signature of Trainer: _____ Title: _____</div>
<div>Date: _____ Training Provided By: _____</div> <div>Agency: _____ Telephone: _____</div> <div>Type/Description of Training Completed: _____</div> <div>Signature of Trainer: _____ Title: _____</div>
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<div>Date: _____ Training Provided By: _____</div> <div>Agency: _____ Telephone: _____</div> <div>Type/Description of Training Completed: _____</div> <div>Signature of Trainer: _____ Title: _____</div>

Signature of Trainer: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
**Care Provider Signature**

\_\_\_\_\_  
**Date**

# Above Basic Foster Care Rate Justification

Complete only if the minor receives  
Above Basic Rate

To: \_\_\_\_\_

From: \_\_\_\_\_

Review Month: \_\_\_\_\_

Minor: \_\_\_\_\_

Payment Type: ☐ Group Home ☐ FFA Home ☐ WRAP/MTFC ☐ SCI (SSS/PD approval  
req'd)

Rate Paid: \_\_\_\_\_

Justification (SCI only):

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\_\_\_\_\_  
SSW Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Supervisor Signature (SCI only)

Date

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\_\_\_\_\_  
Program Director Signature (SCI only)

Date